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State of Idaho

Department of State

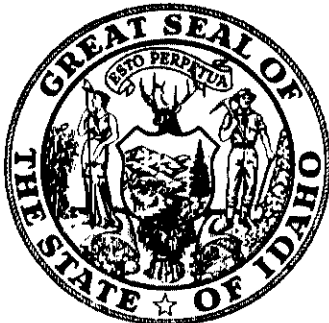
CERTIFICATE OF AUTHORITY OF

SPIEKER NORTHWEST, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of SPIEKER NORTHWEST, INC. for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to SPIEKER NORTHWEST, INC. to transact business in this State under the name SPIEKER NORTHWEST, INC. and attach hereto a duplicate original of the Application for such Certificate.

Dated: November 12, 1993



Pete T. Cenarrusa
SECRETARY OF STATE

By *Sheryl Perkins*

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

Nov 12 2 05 PM '93

SECRETARY OF STATE

To the Secretary of State of Idaho

Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:

1. The name of the corporation is SPIEKER NORTHWEST, INC.
2. The name which it shall use in Idaho is _____
(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)
3. It is incorporated under the laws of California
4. The date of its incorporation is July 9, 1987 and the period of its duration, if other than perpetual, is _____
5. The address of its principal office in the state or country under the laws of which it is incorporated is 2180 Sand Hill Road, Menlo Park, CA 94025
6. The address to which correspondence should be addressed, if different than Item 5, is Same
7. The street address of its proposed registered office in Idaho is 300 North 6th Street
Boise, Idaho 83701, and the name of its proposed registered agent in Idaho at that address is C T CORPORATION SYSTEM
8. The purpose or purposes which it is proposed to pursue in the transaction of business in Idaho are:
To engage in any lawful act or activities for which a corporation may be organized under the Idaho Business Corporation Act.

(Continued on reverse)

Submit applications and certificate of status to:

Office of the Secretary of State
Division of Corporations
Statehouse, Room 203
Boise, Idaho 83720

IDaho SECRETARY OF STATE

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Secretary of State use only CUST# 1
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9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>Warren E. Spieker, Jr.</u>	<u>Director, President</u>	<u>2180 Sand Hill Rd., Menlo Park, CA 94025</u>
<u>John K. French</u>	<u>Director, VP</u>	<u>2180 Sand Hill Rd., Menlo Park, CA 94025</u>
<u>Dennis E. Singleton</u>	<u>Director, VP</u>	<u>2180 Sand Hill Rd., Menlo Park, CA 94025</u>
<u>Bruce E. Hosford</u>	<u>Director, VP</u>	<u>2180 Sand Hill Rd., Menlo Park, CA 94025</u>
<u>Donald A. Lawson</u>	<u>Treasurer, CFO</u>	<u>2180 Sand Hill Rd., Menlo Park, CA 94025</u>
<u>Edith J. Gillette</u>	<u>Secretary</u>	<u>2180 Sand Hill Rd., Menlo Park, CA 94025</u>

10. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.

11. This application is accompanied by a Certificate of Corporate Status or Existence, dated within 90 days, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: November 10, 1993

SPIEKER NORTHWEST, INC.

By [Signature] (Corporation name)
 its President/Vice President (please specify)
 and [Signature]
 its Secretary/Assistant Secretary (please specify)

STATE OF CALIFORNIA)
) ss:
 COUNTY OF SAN MATEO)

I, _____, a notary public, do hereby certify that on
 this _____ day of November, 1993, personally appeared before
 me _____, who being by me first duly sworn, declared that (s)he
 is the _____ or _____ Spieker Northwest, Inc.

that (s)he signed the foregoing documents as _____ of the corporation and that the statements therein contained are true.

Notary Public

State of California

County of San Mateo

On November 19, 1993 before me, Helena Michele Thompson, Notary Public
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Edith J. Gillette
NAME(S) OF SIGNER(S)

personally known to me - ~~OR~~ ~~proved to me on the basis of satisfactory evidence~~

~~to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.~~

HELENA MICHELE THOMPSON
COMM. 992894
NOTARY PUBLIC - CALIFORNIA
SAN MATEO COUNTY
My Comm. Expires April 25, 1997

WITNESS my hand and official seal.

Helena Michele Thompson
SIGNATURE OF NOTARY

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)
Secretary
TITLE(S)
- PARTNER(S) LIMITED GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT Application for certificate of authority

NUMBER OF PAGES 2 DATE OF DOCUMENT 11/10/93

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

SIGNER(S) OTHER THAN NAMED ABOVE No other signers

